

**Work Order ID 88971****\*88971\***

Page 1

Item ID: D3636-041

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Shoulder Harness

Start Date: 8/13/12 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 8/31/12 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan: CLDate: 12/08/13

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D3636

Rev B

100

0.00

**\*100\***

Purchasing

PURCHASING

Memo

0.00

Purchasing

Issue P/O: 17668

Purchase Part Number: P/N 3104-1-061-2396

AMSAFE INC., PHOENIX, ARIZONA

Certificate of conformity is required

Supplier:

12-08-13

110

0.00

**\*110\***

Packaging

Receive &amp; Inspect for Damage &amp; Mat'l Certs

Memo

0.00

Packaging

Ensure certificate of conformity is attached

12x SP  
12-8-23

120

0.00

**\*120\***

QC

QC6- Inspect dimensions to drawing

Memo

0.00

Quality Control

DAS  
16  
12/09/12(12)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**\*88971\***

August 13, 2012 10:14:35 AM

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**\*12\***

**\*12\***

**Reference:**

Run Start \*NR1\*

Stop \*NR2\*

50

**\*130\***

## Packaging

## Packaging

## Memo

0.00

12 S 12/8/27

0.00

\*140\*

QC

## Quality Control

## Memo

0.00

OK 12/8/27

ME  
12-08-20

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Work Order:</b> _____  <b>Part No.</b> _____  <b>NCR No.</b> _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> <table style="width:100%"><tr><td>Skid-tube <input type="checkbox"/></td><td>Crosstube <input type="checkbox"/></td><td>Water Jet <input type="checkbox"/></td><td>Engineering <input type="checkbox"/></td></tr><tr><td>Machining <input type="checkbox"/></td><td>Small Fab <input type="checkbox"/></td><td>Prod. Eng. Coord. <input type="checkbox"/></td><td>Quality <input type="checkbox"/></td></tr><tr><td>Thermoforming <input type="checkbox"/></td><td>Finishing <input type="checkbox"/></td><td>Rec/Store/Packaging <input type="checkbox"/></td><td>Other <input type="checkbox"/></td></tr><tr><td>Large Fab <input type="checkbox"/></td><td>Composite <input type="checkbox"/></td><td>Supplier <input type="checkbox"/></td><td></td></tr></table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

August 13, 2012 10:14:34 AM

Page 1

Work Order ID: 88971

Parent Item: D3636-041

Parent Item Name: Shoulder Harness

Start Date: 8/13/12

Required Date: 8/31/12

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A revA as per dwg 08-01-09 DD verified by LL 08/01/09

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3636-041P Shoulder Harness		Purchased	No			110	Each	0.0000	1	12			

12 x 80 12-F-23

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

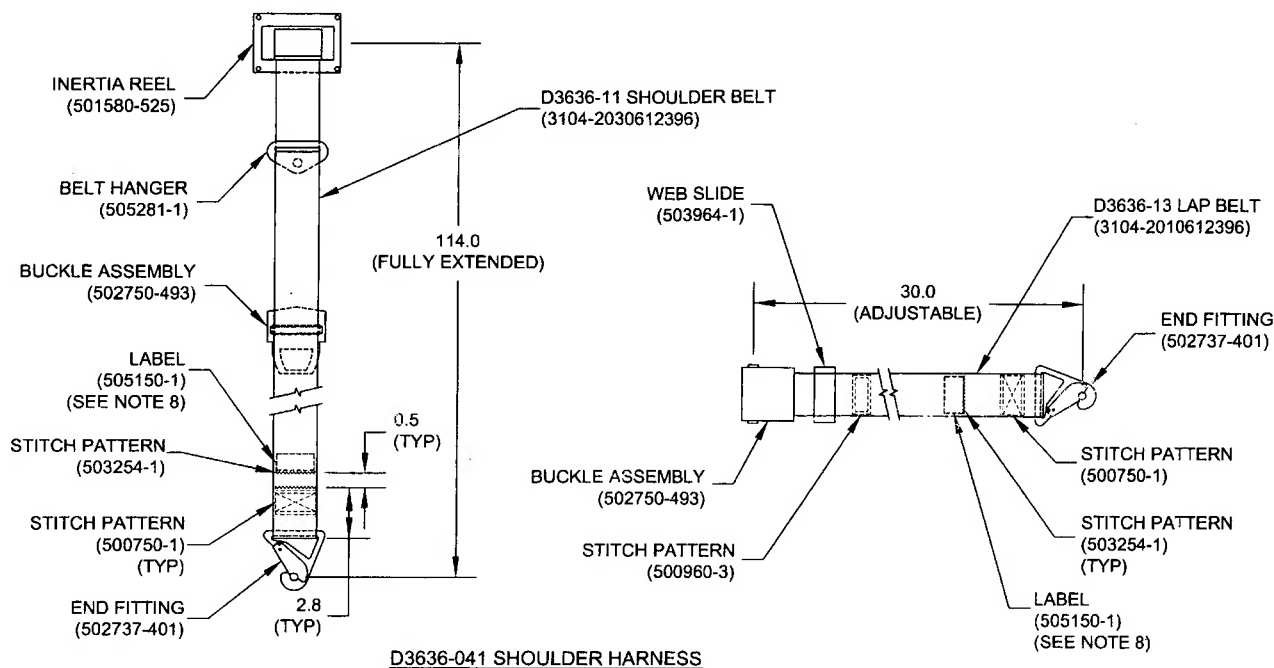
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# SPECIFICATION CONTROL DRAWING



## NOTES:

- DESCRIPTION: 3-POINT SHOULDER HARNESS WITH LEVER STYLE BUCKLE AND CHROME HARDWARE PLATING  
2" BLACK NYLON WEBBING, STYLE T1200-5 WHICH MEETS REQUIREMENTS OF TSO-C114  
WITH MINIMUM STRENGTH OF 2500 LBS
- PURCHASE INFO: P/N 3104-1-061-2396 (D3636-041)  
AMSAFE INC., PHOENIX, ARIZONA
- TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- UNITS: INCHES UNLESS OTHERWISE NOTED
- BREAK SHARP EDGES: N/A
- IDENTIFICATION: N/A
- WEIGHT: 1.7 lbs
- LABEL TO INCLUDE: DART AEROSPACE P/N D3636-11/-13  
(613) 632-3336

C212/08/13  
W10:8871

RELEASED  
07.11.14

B	NEW HARNESS P/N'S; REFERENCE TSO-C114	LE	07.10.16
A	NEW ISSUE; REPLACES G10601	LE	07.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	CV	<b>DART AEROSPACE USA, INC</b> PORT HADLOCK, WA	
DRAWN	JE		
CHECKED	PH	DRAWING NO.	REV. B
MFG. APPR.	N/A	D3636	SHEET 1 OF 1
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	SHOULDER HARNESS	NTS
DATE	07.10.16	COPYRIGHT © 2007 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC	

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

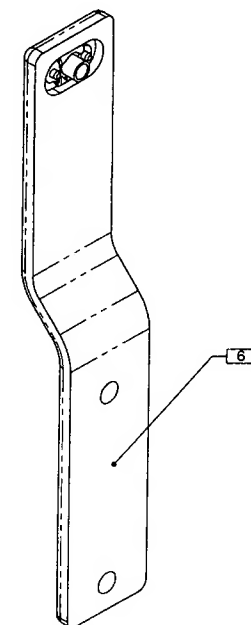
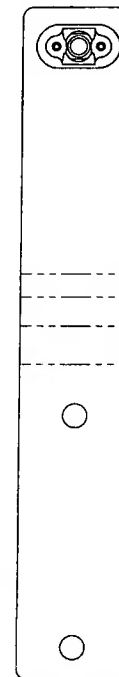
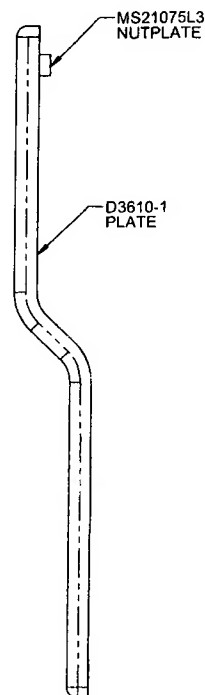
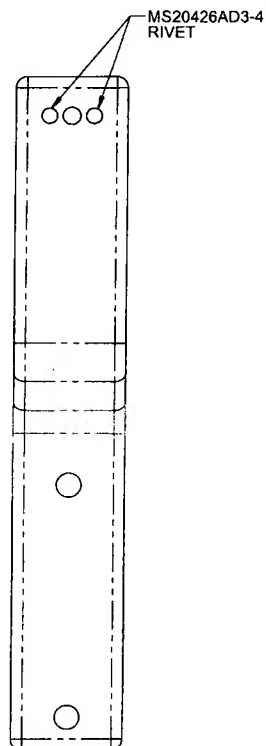
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		



ITEM	QTY	P/N	DESCRIPTION
	X	D3610-041	BRACKET
1	1	D3610-1	PLATE
2	1	MS21075L3	NUT PLATE
3	2	MS20426AD3-4	RIVET



RELEASED  
2012-04-30

- NOTES:  
 1) MATERIAL: N/A  
 2) FINISH: N/A  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3610-041" PER QSI044 METHOD 6.1  
 7) WEIGHT: 0.67lbs

# **D3610-041 BRACKET**

B	DIM 4.25 WAS 3.00 (C7-3) DIM 7.75 WAS 6.50 (C7-2)	RP	12.04.13
A	NEW ISSUE	LE	07.04.20
REV	DESCRIPTION	BY	DATE
DESIGN	LE	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RP		
CHECKED	AP	DRAWING NO.	REV. B
MFG. APPR.	NO	D3610	SHEET 1 OF 2
APPROVED	NO	TITLE	SCALE
DE APPR.	NO	BRACKET	NTS
DATE	12.04.13	COPYRIGHT © 2007 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# AmSafe

1043 North 47th Avenue  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)278-3479

## INVOICE

Please remit to:  
AmSafe, Inc. #05  
Lockbox #05  
P.O. Box 53075  
Phoenix, AZ 85072-3075

\*\*\* DUPLICATE \*\*\*

Customer No.  
10006113

Invoice Date  
08/22/12

Sales Order Number  
S239028

Invoice Number  
I276644

Purchase Order Number  
PO17668

Page No.  
1

BILL TO: DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

SHIP TO: DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

SOLD TO: DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

REMARKS:  
1517-9324-0

COMMENTS:

Freight  
COLLECT

TERMS	ORDER DATE	SALESPERSON	SHIP DATE	SHIP VIA	TRACKING #	FOB POINT
NET30	08/13/12	HEITZMAN	08/22/12	FedEx P1 10:30 AM	537498946280	ORIGIN

LINE NO.	ITEM	DESCRIPTION	UM	QUANTITY	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED AMOUNT
1	3104-1-061-2396	DRAWING: 3104 REV: G Customer P/N: D3636041 REST SYS ASSY	EA	0.0		12.0	318.29 USD	3,819.48 USD
							TSO-C114	

5/7/02/27

8812-8-23

Non-Taxable: 3,819.48 USD

Line Total: 3,819.48 USD

Total Taxable:

The undersigned, exporter/supplier of goods listed in this invoice/document, declares that according to the rule being valid in the European Union, the origin of these goods is the United States of America.

Signature: Jesse Chelms Date: Aug 22 2012 Phoenix, Arizona, USA

Sales Tax:  
Total: 3,819.48 USD

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



<b>CUSTOMER NO.</b>
10006113

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

<b>SALES ORDER NO.</b>
S239028

<b>BOL NO.</b>
000275939

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKSBURY,, ON K6A 1K7  
Canada

<b>DATE PRINTED</b>
06/22/12

<b>PAGE NO</b>
1

<b>CUSTOMER ORDER NO.</b>
PO17668

Sales Order Remarks: 1517-9324-0  
Remarks:

<b>TERMS</b>
NET30

<b>FREIGHT</b>
COLLECT

<b>SHIP VIA</b>
FedEx P1 10:30 AM

SI

10006125

<b>O.B.</b>
RIGIN

SHIPMENT REFERENCE 00L

39

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS	DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D3636041 3104-1-061-2396 REST SYS ASSY	DRAWING: 3104 REV: G CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S239028-1	2012-08-28 12.0	12 Expire Ref.	12	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):  
FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853  
FAA TSO C22f, C22g, C114 or TSO Plus

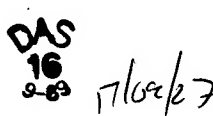
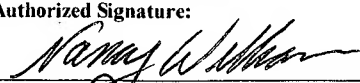
The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X Jesse Ochoa

Printed Name: Jesse Ochoa

AUG 22 2012  
Dated: / /

COUNTRY OF ORIGIN USA

1. Approving National Aviation Authority/Country: FAA/United States		<b>AUTHORIZED RELEASE CERTIFICATE</b> FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: S239028-1-NW	
4. Organization Name and Address: <div style="text-align: center;">           AMSAFE, INC            1043 NORTH 47<sup>TH</sup> AVE            PHOENIX, AZ. 85043         </div>						5. Work Order/Contract/Invoice Number: S239028-1 <u>0</u> PAGES ATTACHED	
6. Item:	7. Description:	8. Part Number:	9. Eligibility: *	10. Quantity:	11. Serial/Batch Number:	12. Status/Work:	
1	REST SYS ASSY	3104-1-061-2396	N/A	12	A0812	NEW	
13. Remarks: DRAWING: 3104 REV: G TSO: TSO-C114 <div style="text-align: center; margin-top: 20px;">  </div>							
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA							
14. Certifies the items identified above were manufactured in conformity to:  <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 13.				19. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13  Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature: 		16. Approval/Authorization No.: ODA602112NM		20. Authorized Signature:		21. Approval/Certificate No.:	
17. Name (Typed or Printed): NANCY WILLIAMSON		18. Date (m/d/y): AUG/22/2012		22. Name (Typed or Printed):		23. Date (m/d/y):	
<b>User/Installer Responsibilities</b>							
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>							



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17668

Purchase Order Date 8/13/12

PO Print Date 8/15/12

Page Number 1 of 1

Order From :

VU-AMS001

AMSAFE INC.  
LOCKBOX #5  
P.O BOX 53075  
PHOENIX, AZ 85072-3075  
US

Contact Name

Vendor Phone 602 850 2850

Vendor Fax 602 850 2812

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr 10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

REVISED \$

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3636-041P	Shoulder Harness	8/31/12 Yes	12.00 Each	FedEx PI collect	\$318.2900	\$3,819.4

Special Inst: Amsafe P/N: 3104-1-061-2396  
As per DWG: D3636 Rev: B  
B88971

PO Total: \$3,819.4

CERTIFICATE OF CONFORMITY  
REQD UPON DELIVERY

08/15/12

Change Nbr: 2

Change Date: 8/15/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES

